Case 3:06-cv-01087-V	VK SENDER: COMPLETE THIS SECTION 12/	13/2006 Page 1 of 2
		COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
	Print your name and address on the reverse	X Agent
•	so that we can return the card to you	B. Received by (Printed Name) C. Date of Deliver
	Attach this card to the back of the mailpiece, or on the front if space permits.	Keith Mangel
	Article Addressed to:	D. Is delivery address different from item 1? Yes
		If YES, enter delivery address below: No
	•	(888)
	Chattahoochee Valley Community C	ollege
	C/O Dr. Laurel Blackwell, President	[Z(25)
	2602 College Drive	
	Phenix City, AL 36869	certified Mail Express Mail 3
		Certified Mail
	2'01.011 211 (☐ Insured Mail ☐ C.O.D.
	_ 3.00000 - WKW	4. Restricted Delivery? (Extra Fee)
	2. Article Number 700L 215	0 0003 8983 2705
	(manaral morn service label)	
	PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-154
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ Complete items 1, 2, and 3. Also complete	
	item 4 if Restricted Delivery is desired	A. Signature
	Print your name and address on the reverse	X July Cland
	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
S. Carlotte	or on the front if space permits.	Keith Manne
	1. Article Addressed to:	G. is delivery address different from item 1? ☐ Yes
	\mathred{m}	ES, enter delivery address below: No
	آبنر ایدا	2 \2'
	DI. DIAIC I CICISOII	
	CVCC	128 OCOCA 1087-11/ IN
•	2602 College Drive	130000000000000000000000000000000000000
	Phenix City, AL 36869	3. Service Type 1. Certified Mail
		Registered Return Receipt for Mercha
		☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee)
	2. Article Number 7006 21:50 [9745 8983 8000
	(mansier morn service labe	
	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete	
	item 4 if Restricted Delivery is desired	A. Signature
	Print your name and address on the reverse	X // Chund Addressee
	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) / C. Date of Delivery
	or on the front if space permits.	Lyith Mannel
•	Article Addressed to:	D. Is delivery address different from item 1?
		If YES, enter delivery address being
	6637	(S) (M)
Į	Dr. Laurel Blackwell	1-100
(Chattahoochee Valley Community	S Our JOS VO S
. 2	2602 College Drive	Service Type
F	Phenix City, AL 36869	2 Certified Mail Express Mail
	CHEW!	Registered Return Receipt for Merchandise
		☐ Insured Mail ☐ C.O.D.
-	2 Article Number	4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 7006 215	0 0003 8983 2668

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY 🚜:	
 Complete items 1, 2; and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Mul (um) Agent Addresse B. Receiveday (Printed Name) C. Date of Deliver	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Dr. James Lowe Chattahoochee Valley Community College 2602 College Drive		
Phenix City, AL 36869	rice Type ertifled Mail	
	Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)	0003 8983 2675	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-154	